

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS  | ID NO. | DATE     |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION         | <i>MA</i> |        | 10-18-01 |
| O.I.P.E. CLASSIFIER       |           | 48     | 10/31/01 |
| FORMALITY REVIEW          | H.T       | 913    | 11/16/01 |
| RESPONSE FORMALITY REVIEW |           |        |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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29 1/16 17 20-02